_	B C D	E	F	G	Н	I J	K	L	M	N O	Р	Q	R	S	T I	U V	Х	
	Unified Rate Review v3.3					•		•		•	•				•	-		
	Company Legal Name:	Humana Insura	ance Company	State:	KY													
	HIOS Issuer ID:	15411			Small Group													
	Effective Date of Rate Change(s):			iviai ket.	Siliali Group													
	Effective Date of Rate Change(s).	1/1/201/																
	Market Level Calculations (Same for all P	lans)																
		·																
	Section I: Experience period data Experience Period:	1/1/2015	to	12/31/2015														
	Experience Period.	1/1/2015	Experience Period	12/31/2013														
			Aggregate Amount	PMPM	% of Prem													
	Premiums (net of MLR Rebate) in Experie		\$197,378,378	\$352.31	100.00%													
	Incurred Claims in Experience Period		\$169,066,361	301.77	85.66%													
	Allowed Claims:		\$217,411,393	388.06	110.15%													
	Index Rate of Experience Period		ECO 045	\$388.00														
	Experience Period Member Months		560,245															
	Section II: Allowed Claims, PMPM basis																	
			Experience	Period		Projec	tion Period:	: 1/1/2017	to	12/31/2017	Mi	d-point to Mid	-point, Experie	nce to Projection:	24 r	months		
						Adj't. from	•										-	
		-	on Actual Experi	ence Allowed		to Projecti	on Period	Fac	tors	Projections, b	efore credibility	Adjustment		Credibility Manual				
	Barrella Catalana	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM			
	Benefit Category Inpatient Hospital	Days	224.90	\$4,329.49	\$81.14	1.034	1.048	1.022	0.981	223.96	\$4,739.58	\$88.46		\$0.00	\$0.00			
	Outpatient Hospital	Services	2,345.78	595.74	116.46	1.034	1.048	1.025	1.030	2,575.75	655.79	140.76	0.00	0.00	0.00			
	Professional	Services	9,620.58	115.00	92.20	1.034	1.048	1.013	1.017	10,287.08	123.70	106.04	0.00	0.00	0.00			
	Other Medical	Services	1,082.57	108.16	9.76	1.034	1.048	0.991	1.034	1,196.94	111.34	11.11	0.00	0.00	0.00			
	Capitation	Benefit Period	12,000.00	0.16	0.16	1.034	1.048	1.020	1.000	12,409.97	0.17	0.18		0.00	0.00			
	Prescription Drug	Other	389,298.64	2.72	88.35	1.034	1.048	1.095	0.992	395,954.16	3.42	112.90	0.00	0.00	0.00			
	Total				\$388.06							\$459.44			\$0.00	After Credibility	Projected Perio	iod Totals
	Section III: Projected Experience:				Projected Allowed	Evnerience Clair	ns PMPM (w	/annlied cre	dibility if annl	icable)		100.00%			0.00%	\$459.44		2,600,247
	Section and respected Experience.			,	. Specica Allowed	Paid to Allow						100.0070			0.00/0	0.750		.,000,247
						Projected Inc	_	-								\$344.38	\$144	4,363,854
						Projected Ris	Adjustmen	ts PMPM								<u>-1.77</u>	<u> </u>	(741,990)
										coveries, net of rein	prem, PMPM					\$346.15		5,105,845
						Projected AC	A reinsuranc	e recoveries,	net of rein pr	em, PMPM						0.00		<u>0</u>
				I	Projected Incurred	Claims										\$346.15	\$145	5,105,845
					Administrative Exp	ense Load									14.65%	64.75		7,143,052
					Profit & Risk Load										3.32%	14.65		6,140,721
					Taxes & Fees										3.70%	16.34	· –	6,850,841
					Single Risk Pool Gro ndex Rate for Proj		g. Kate, PMF	'M								\$441.89 \$467.73		5,240,458
					nuex nate for Proj	% increase ov	er Experien	ce Period								25.43%		
						% Increase, a	nnualized:									11.99%	ั้ง	

disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

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Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID:

Effective Date of Rate Change(s):

Humana Insurance Company of KY 15411

1/1/2017

State:

KY

Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	erminated Product										
Product ID:	15411KY060										
Metal:	Not Applicable	Gold	Silver	Silver	Gold	Gold	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.000	0.811	0.720	0.705	0.801	0.819	0.719	0.719	0.718	0.720	0.718
AV Pricing Value	0.000	0.830	0.010	0.010	0.010	0.990	0.010	0.010	0.010	0.010	0.010
Plan Category	Terminated	Renewing	Terminated	Terminated	Terminated	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:	PPO	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО	НМО
Plan Name	2015 5	Circuitinity 4	Cine a linite 2	Cinculiate 2	Community	6	6	Canada A	Canada F	Const. C	600007
	2015 Experience	Simplicity 1	Simplicity 2	Simplicity 3	Copay 1	Copay 2	Copay 3	Copay 4	Copay 5	Copay 6	Copay 7
Plan ID (Standard Component ID):	15411KY0600001		15411KY1310002							15411KY1310009	15411KY1310010
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%										
Historical Rate Increase - Calendar Year - 1	0.00%										
Historical Rate Increase - Calendar Year 0	0.00%										
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	0.00%	-8.20%	0.00%	0.00%	0.00%	-2.70%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	-1.70%	0.00%	0.00%	0.00%	4.20%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	-3.09%	-100.00%	-100.00%	-100.00%	13.92%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Rate Increase %	0.00%										<u> </u>

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	15411KY0600001	15411KY1310001	15411KY1310002	15411KY1310003	15411KY1310004	15411KY1310005	15411KY1310006	15411KY1310007	15411KY1310008	15411KY1310009	15411KY1310010
Inpatient	-\$0.17	\$0.00	-\$5.91	\$0.00	\$0.00	\$0.00	-\$2.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	-\$0.27	\$0.00	-\$9.57	\$0.00	\$0.00	\$0.00	-\$3.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	-\$0.20	\$0.00	-\$7.21	\$0.00	\$0.00	\$0.00	-\$2.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	-\$0.02	\$0.00	-\$0.76	\$0.00	\$0.00	\$0.00	-\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	-\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	-\$0.21	\$0.00	-\$7.59	\$0.00	\$0.00	\$0.00	-\$3.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.24	\$0.00	\$0.44	\$0.00	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.09	\$0.00	\$0.16	\$0.00	\$0.00	\$0.00	\$0.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	-\$0.54	\$0.00	-\$30.47	\$0.00	\$0.00	\$0.00	-\$11.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	-\$0.11	\$0.00	\$5.19	\$0.00	\$0.00	\$0.00	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$430.62	\$0.00	\$373.69	\$0.00	\$0.00	\$0.00	\$443.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	419,309	0	2	0	0	0	58	0	0	0	0	0

tion III: Experience Period Information

		I I								I I		1
Plan ID (Standard Component ID):	Total	15411KY0600001	15411KY1310001	15411KY1310002	15411KY1310003	15411KY1310004	15411KY1310005	15411KY1310006	15411KY1310007	15411KY1310008	15411KY1310009	15411KY1310010
Plan Adjusted Index Rate	\$236.98	\$0.00	\$403.02	\$297.86	\$263.28	\$433.04	\$406.63	\$363.98	\$352.72	\$340.72	\$328.30	\$323.06
Member Months	560,245	215,452	0	148	366	86	0	0	100	60	0	0
Total Premium (TP)	\$132,767,329	\$0	\$0	\$44,083	\$96,360	\$37,241	\$0	\$0	\$35,272	\$20,443	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other												
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$217,411,395	\$74,996,930	\$0	\$3,217	\$53,995	\$53,297	\$0	\$0	\$38,001	\$366,681	\$0	\$0
EHB Percent of TAC, [see instructions]	65.50%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are												
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	34.50%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's												
obligation:	\$47,900,782	\$16,302,361	\$0	\$1,947	\$16,842	\$7,479	\$0	\$0	\$9,495	\$5,812	\$0	\$0
Portion of above payable by HHS's funds on												
behalf of insured person, in dollars	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of												
insured person, as %	0.00%	4	1.	0.00%	0.00%	0.00%	1-		0.00%	0.00%	1-	
Total Incurred claims, payable with issuer funds	\$169,510,613	\$58,694,569	\$0	\$1,270	\$37,153	\$45,818	\$0	\$0	\$28,506	\$360,869	\$0	\$0
		4	4		4			4		4		4
Net Amt of Rein	-\$1,265,390.31	\$0.00	\$0.00	-\$543.16	-\$1,343.22		\$0.00	\$0.00	-\$367.00	-\$220.20	\$0.00	\$0.00
Net Amt of Risk Adj	-\$471,833.50	\$0.00	\$0.00	-\$189.68	-\$471.03	-\$221.27	\$0.00	\$0.00	-\$180.46	-\$59.74	\$0.00	\$0.00
Incurred Claims PMPM	\$302.57	\$272.43	\$0.00	\$8.58	\$101.51	\$532.77	\$0.00	\$0.00	\$285.06	\$6,014.48	\$0.00	\$0.00
Allowed Claims PMPM	\$388.06	\$348.09	\$0.00	\$21.74	\$147.53	\$619.73	\$0.00	\$0.00	\$380.01	\$6,111.35	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$254.20	\$0.00	\$0.00	\$21.74	\$147.53	\$619.73	\$0.00	\$0.00	\$380.01	\$6,111.35	\$0.00	\$0.00

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	15411KY0600001	15411KY1310001	15411KY1310002	15411KY1310003	15411KY1310004	15411KY1310005	15411KY1310006	15411KY1310007	15411KY1310008	15411KY1310009	15411KY1310010
Plan Adjusted Index Rate	\$450.05	\$0.00	\$390.56	\$0.00	\$0.00	\$0.00	\$463.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	419,309	-	2	-	-	-	58	-	-	-	-	=
Total Premium (TP)	\$188,711,251	\$0	\$781	\$0	\$0	\$0	\$26,867	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other												
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Other benefits portion of TP	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$195,414,827	\$0	\$733	\$0	\$0	\$0	\$23,741	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are												
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	\$46,848,005	\$0	\$117	\$0	\$0	\$0	\$2,592	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on												
behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of												
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$148,566,822	\$0	\$615	\$0	\$0	\$0	\$21,149	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$742,174	\$0	-\$4	\$0	\$0	\$0	-\$103	\$0	\$0	\$0	\$0	\$0

Gold	Gold	Silver	Silver	Silver	Silver	Gold	Silver	Silver
0.813	0.795	0.718	0.719	0.716	0.716	0.791	0.714	0.705
0.010	0.010	0.810	0.810	0.010	0.010	0.010	0.780	0.010
Terminated HMO	Terminated HMO	Renewing HMO	Renewing HMO	Terminated HMO	Terminated HMO	Terminated HMO	Renewing HMO	Terminated HMO
Copay 8	Copay 9	Copay 10	Copay 11	Copay 12	Copay 13	Copay 14	Copay 15	Copay 16
15411KY1310011	15411KY1310012	15411KY1310013	15411KY1310014	15411KY1310015	15411KY1310016	15411KY1310017	15411KY1310018	15411KY1310019
No	No	No	No	No	No	No	No	No
1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
0.00%	0.00%	-3.20%	-1.50%	0.00%	0.00%	0.00%	-0.50%	0.00%
0.00%	0.00%	3.70%	5.40%	0.00%	0.00%	0.00%	6.60%	0.00%
-100.00%	-100.00%	19.05%	21.18%	-100.00%	-100.00%	-100.00%	24.72%	-100.00%

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15411KY1310011	15411KY1310012	15411KY1310013	15411KY1310014	15411KY1310015	15411KY1310016	15411KY1310017	15411KY1310018	15411KY1310019
\$0.00	\$0.00	-\$2.31	-\$1.18	\$0.00	\$0.00	\$0.00	-\$0.41	\$0.00
\$0.00	\$0.00	-\$3.74	-\$1.90	\$0.00	\$0.00	\$0.00	-\$0.66	\$0.00
\$0.00	\$0.00	-\$2.82	-\$1.44	\$0.00	\$0.00	\$0.00	-\$0.50	\$0.00
\$0.00	\$0.00	-\$0.30	-\$0.15	\$0.00	\$0.00	\$0.00	-\$0.05	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	-\$2.97	-\$1.51	\$0.00	\$0.00	\$0.00	-\$0.53	\$0.00
\$0.00	\$0.00	\$0.43	\$0.43	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00
\$0.00	\$0.00	\$0.16	\$0.16	\$0.00	\$0.00	\$0.00	\$0.15	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	-\$11.55	-\$5.60	\$0.00	\$0.00	\$0.00	-\$1.59	\$0.00
\$0.00	\$0.00	\$2.54	\$1.26	\$0.00	\$0.00	\$0.00	\$0.38	\$0.00

\$0.00	\$0.00	\$366.57	\$363.82	\$0.00	\$0.00	\$0.00	\$350.09	\$0.00
0	0	2	483	0	0	0	20	0

			1	1	1			
15411KY1310011	15411KY1310012	15411KY1310013	15411KY1310014	15411KY1310015	15411KY1310016	15411KY1310017	15411KY1310018	15411KY1310019
\$388.50	\$367.97	\$321.81	\$313.79	\$304.83	\$317.72	\$353.19	\$293.36	\$289.74
0	114	0	508	70	0	257	0	0
\$0	\$41,949	\$0	\$159,405	\$21,338	\$0	\$90,770	\$0	\$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$0	\$25,939	\$0	\$125,948	\$14,407	\$0	\$31,143	\$0	\$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/	0.000/
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$0	\$5,907	\$0	\$31,184	\$4,790	\$0	\$8,493	\$0	\$0
ΨÜ	ψ5,507	ΨO	ψο2)20 .	ψ 1,730	ΨÜ	ψο, 155	φ¢	γo
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	0.00%		0.00%	0.00%		0.00%		
\$0	\$20,032	\$0	\$94,764	\$9,617	\$0	\$22,650	\$0	\$0
¢0.00	Ć440.20	¢0.00	Ć4 0C4 2C	¢256.00	¢0.00	Ć0.42.40	¢0.00	¢0.00
\$0.00	-\$418.38			-\$256.90	\$0.00	-\$943.19		\$0.00
\$0.00	-\$200.56	\$0.00	-\$699.64	-\$66.28	\$0.00	-\$430.23	\$0.00	\$0.00
\$0.00	\$175.72	\$0.00	\$186.54	\$137.39	\$0.00	\$88.13	\$0.00	\$0.00
\$0.00	\$227.53	\$0.00	\$247.93	\$205.82	\$0.00	\$121.18	\$0.00	\$0.00
\$0.00	\$227.53	\$0.00	· ·	\$205.82	\$0.00	\$121.18	\$0.00	\$0.00
Ş0.00	7227.33	70.00	72-71.33	7203.02	70.00	7121.10	70.00	Ç0.00

15411KY1310011	15411KY1310012	15411KY1310013	15411KY1310014	15411KY1310015	15411KY1310016	15411KY1310017	15411KY1310018	15411KY1310019
\$0.00	\$0.00	\$383.12	\$380.24	\$0.00	\$0.00	\$0.00	\$365.89	\$0.00
-	1	2	483	•	ı	-	20	-
\$0	\$0	\$766	\$183,654	\$0	\$0	\$0	\$7,318	\$0
0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%
\$0	\$0	\$765	\$184,609	\$0	\$0	\$0	\$7,459	\$0
0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%
\$0	\$0	\$161	\$39,892	\$0	\$0	\$0	\$1,691	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$0	\$0	\$604	\$144,718	\$0	\$0	\$0	\$5,768	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	-\$4	-\$855	\$0	\$0	\$0	-\$35	\$0